RE01-0011

Olivia Clayton, also known as, Olevia Clayton, GRANTORS

WARRANTY

TO

DEED

Marilyn Morgan, GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Olivia Clayton, also known as, Olevia Clayton, do hereby sell, convey, and warrant unto Marilyn Morgan, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

See attached.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Further subject to Right of Way to Ricky Odum recorded in Book 214, Page 263 and Right of Way to Mississippi Power and Light recorded in Book 100, Page 20, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

By way of explanation, title to the above property was confirmed to the Grantor by way of the Consent Order to Confirm and Quiet Title filed in the Chancery Court of DeSoto County, Mississippi, Cause No. 00-5-789B of record in Minute Book 301, Page 503, and of record in the land records in Book 398, Page 175 and also by the Default Judgment, Cause No. 00-5-789B of record in Minute Book 301, Page 508, and of record in the land records in Book 398, Page 171, all in the Chancery Court Clerk's office of DeSoto County, Mississippi.

Further, a copy of the Heirship Affidavits and death certificate of Ben Clayton, a former owner of the above property, are attached hereto and made a part hereof.

Taxes for the year 2002 are exempt, and possession is given with this deed.

WITNESS my signature(s), this the 22nd day of January,

lon Milton Dowell, attorney fact for Olivia Clayton, also known as, Olevia Clayton

STATE MS -DESOTO CO. FILED

JAN 22 2 56 PM '02

BK 409 PG 358 W.E. DAVIS CH. CLK.

BK 0409PG 0359

STATE OF MISSISSIPPI:

COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority in and for the jurisdiction aforesaid, Milton Dowell, who acknowledged to me that he is attorney in fact of Olivia Clayton, also known as, Olevia Clayton, and that for and on behalf of said Olivia Clayton, also known as Olevia Clayton, and as her act and deed, he subscribed his own name as attorney in act to the foregoing instrument and signed and delivered the same on the day and year and in the capacity therein mentioned, having been first duly authorized so to Given under my hand and official seal, this the 22nd day of January, 2002s 1975.

My commission expires: June 17, 2003

Grantors Address: 2455 Lorraine Drive Cahokia, IL 62206

Res.- 618-332-0955 Bus.- Same Phone:

Prepared By:

Chamberlin-Nowak, P.C. 170 W. Center St. Hernando, MS 38632 662-429-7888

7205 Austin Rd

Grantees Address:

Lake Cormorant, MS 38641
Phone: Res. - 662-781-6718

o,

BESO

Bus. - 901-434-5031

EXHIBIT A

13.8 acres in the Northeast Quarter of Section 14, Township 2, Range 9 described as: BEGINNING at a point 12.6 chains West of the Northeast corner of Section 14; thence South 5° 23' East 26.82 chains to the Southeast corner of the Clayton property; thence South 86° 05' West 5.182 chains to the Southeast corner of the property conveyed to G. W. Datson by deed in Book 87, page 450; thence with Datson's East line North 5° 20' West 26.82 chains to the North line of the Section; thence East on the Section line 5.182 chains to the Point of Beginning containing 13.8 acres, more or less and being the East 13.8 acres of Lot 2 of the division of the Aaron Clayton Estate as shown by the plat recorded in Plat Book 32, page 336%

LESS & EXCEPT

2 acres, more or less, Book 213, Page 669 2.49 acres, more or less, Book 231, Page 515 7.60 acres, more or less, Book 294, Page 668



HEIRSHIP AFFIDAVIT

(Heirship of	Ben C	ay ton Dec	eased)
STATE OF		,	
COUNTY OF	•		
			, of lawful age,
being first duly sworn, upon his oath depose	s and says:		
That he was personally well acquain			
years, and that affiant bears the following re		decedent, towit:	
	clay tow	. P.S A	in DESOTO County,
Affiant further states that the said do			
the date of his death.			
Affiant further states that he was wel			
those who would under the laws of the Stat	e of M\\$\$.5\$.	be his heirs, an	d that the following statements
and the answers to the following named que			of affiant and are true and correct:
QUESTION 1 - Did the decedent leave a wii	I? ANSWER:	70	
QUESTION 2 - If so, has the will been admi	tted to probate - at w	hat place, and when? AN	SWER:
QUESTION 3 - Has an administrator been a			
QUESTION 4 - If so, give the County in white	ch the said administra	ation proceedings are pen	ding, and the name and address
of the administrator. ANSV	VER:		
QUESTION 5 - Did the decedent receive the	benefit of any Medic	caid payments? ANSWE	R: Yes No
If yes, attach copy of Division			
QUESTION 6 - Give the name and address			
	Livia (aytou.	
If not living, state date of de	eath		
QUESTION 7 - If the decedent was married in	more than once, give	the name of the former hu	sband or wife, and state whether
said former opouse is dead		-1 1	$\mathcal{L} \subset \mathcal{L}$
ANSWER:	Lara	Clayton	(acceased
QUESTION 8 - On the blank lines below, gir	ve the names and pla	ices of residence of all su	rviving children of deceased,
together with the other infor			
	IF NOT LIVING		ADDRESS OR IF NOT LIVING
NAME OF CHILD DATE OF	BIRTH DATE OF DEATH	HUSBAND OR WIFE	DATE OF DEATH
			-
2			
3			
4		of the decedent together	with the other information called
QUESTION 9 - Give below the names of an	ny deceased children	of the decedent, together	With the other miorination cance
for ANSWER:		SURVIVING	IF NOT LIVING
DATE OF I	BIRTH DATE OF DEATH	HUSBAND OR WIFE	DATE OF DEATH
1			
2			
3			

QUESTION 10 - Give the names of the children of any deceased ADDRESS OR IF NOT LIVING, DATE OF DEATH DATE OF BIRTH NAME OF FATHER AND MOTHER QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home? ANSWER: Yes _____. No _____. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW: QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: _____ QUESTION 13 If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: Subscribed and sworn to before me this ____ My commission expires: 2-16-03 Notary Public OFFICIAL SEAL SUZANNE LEE NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 2-16-03 CORROBORATION AFFIDAVIT (To be signed by some person other than the one making the foregoing affidavit.) age being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Subscribed and sworn to before me this _____ My commission expires 2-16-03 OFFICIAL SEAL SUZANNE LEE

(10/95)

NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 2-16-08



HEIRSHIP AFFIDAVIT

(Heirship	ot <u>pen</u>	- CIAY 1	(1 0	Deceased)	
07.175.05		,			
STATE OF					
COUNTY OF					, of lawful age,
being first duly sworn, upon his oa	th deposes an	d says:			,
That he was personally we	ell acquainted	with the above d	ecedent, during h	nis lifetime, having	known him for
years, and that affiant bears the fo	llowing relation				
Affiant further states that t		ent departed this	life at	in <u>~~</u>	County.
State of MISSISSIPPI					
the date of his death.	·				
Affiant further states that he	e was well acq	uainted with the	family and near re	elatives of the said	d decedent, and with all
those who would under the laws of					
and the answers to the following na	med question	s are based upor	i the personal kno	wledge of affiant a	and are true and correct:
QUESTION 1 - Did the decedent le					
QUESTION 2 - If so, has the will b				ien? ANSWER: _	Λù
QUESTION 3 - Has an administrat	or been appoi	nted for the esta	te of said deceas	ed? ANSWER: _	NA
QUESTION 4 - If so, give the Cour					
of the administrate			· · · · · · · · · · · · · · · · · · ·		
QUESTION 5 - Did the decedent r	eceive the ber	nefit of any Medic	caid payments?	ANSWER: Yes	No
If yes, attach copy	of Division of	Medicaid Waive	r of Recovery pu	rsuant to Section	43-13-317.
QUESTION 6 - Give the name and	address of th	e surviving wido	w or widower of o	decedent. ANSW	ER:
If not living, state	tate of death				
QUESTION 7 - If the decedent was			the name of the fo	ormer husband or	wife, and state whether
said former spous) (De.a	4)	
QUESTION 8 - On the blank lines	below give th		ices of residence	of all surviving ch	ildren of deceased.
together with the					
together with the t				AC	DDRESS OR NOT LIVING
NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WI	FE D	ATE OF DEATH
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2					
3					
4					
QUESTION 9 - Give below the nai	mes of any de	ceased children	of the decedent,	together with the	other information called
for ANSWER	:				IF NOT LIVING
NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVIN HUSBAND O		DATE OF DEATH
2					
3					
4					

QUESTION 10 - Give the names of the children of any dece ADDRESS OR IF NOT LIVING, DATE OF DEATH QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home? ANSWER: Yes _____ No ____ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW: AGE QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: __ QUESTION 13. If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: ADDRESS OR IF NOT LIVING DATE OF DEATH RELATIONSHIP Subscribed and sworn to before me this ____ My commission expires **Notary Public** OFFICIAL SEAL SUZANNE LEE NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 2-16-03 **CORROBORATION AFFIDAVIT** (To be signed by some person other than the one making the foregoing affidavit.) DOWEZC age being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by ALGN BLACKWELL is true, to the personal knowledge of this affiant. Subscribed and sworn to before me this. My commission expires My Dummieson expline 2-16-08



MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

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BK 0409PG 0365

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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson gr. M. F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

OCT 18 2001

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Judy Moulder

STATE REGISTRAR

Mess ALTER

STATE HEALTH OF